



# Navitus MedicareRx (PDP) Summary of Benefits 2020

## State of Montana Benefit Plan (State Plan)

Although this Summary of Benefits explains some of the features of the State Plan, it does not list every benefit, or every limitation or exclusion. To get a complete list of your benefits, please refer to your Evidence of Coverage which is available on Navi-Gate® for Members at <https://medicarerx.navitus.com>, or contact the Navitus MedicareRx Customer Care number listed on the back cover.

Included in this mailing is information on how to access your Evidence of Coverage, Pharmacy Directory, and Formulary on the Navi-Gate® for Members portal at <https://medicarerx.navitus.com>.

**Important:** Existing members will not receive a new ID card each year. The ID card will only be mailed for new enrollees. If you need a replacement card, please contact Customer Care with your request. The number is listed on the back cover.

The Navitus MedicareRx Prescription Drug Plan (PDP) is offered by Navitus Health Solutions and is underwritten by Dean Health Insurance, Inc., a Federally-Qualified Medicare Contracting Prescription Drug Plan.

## Important Contact Information

**Navitus MedicareRx (PDP) Customer Care** – 1-866-270-3877 (TTY users should call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

Pharmacies can also reach Navitus Customer Care 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Navi-Gate® for Members Portal** - <https://medicarerx.navitus.com> Use this portal to access the most up to date formulary, Pharmacy Directory, and review the current year's benefit booklets. You will need to register with this website in order to access your specific and updated information if it is your first time visiting Navi-Gate® for Members.

**Navitus Prescriber Portal** - <https://prescribers.navitus.com/>

Your primary care physician or prescribing physician can use this portal to access your Formulary and to begin to initiate a Prior Authorization on your behalf.

**Navitus Network Pharmacy Portal** - <https://pharmacies.navitus.com>

Your pharmacy can use this portal to access your Formulary.

**State of Montana Health Care & Benefits Division (HCBD)** - <http://benefits.mt.gov/> HCBD manages the State of Montana Benefit Plan (State Plan). For information about plan premiums, eligibility, or enrollment options please contact them at 1-800-287-8266 (TTY users should call (406) 444-1421 or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)).

**Centers for Medicare & Medicaid Services (CMS)** - CMS is the Federal agency that administers and regulates Medicare. For information on the Medicare benefit only (not related to your supplemental/retiree plan) we recommend reviewing CMS's *Medicare & You* booklet. This booklet is mailed out in September to all Medicare households by CMS. You can also sign up to get this handbook electronically at [MyMedicare.gov](http://MyMedicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week.

## Navitus MedicareRx (PDP) Summary of Benefits 2020

### Part D Prescription Drugs

The benefit information provided is a summary of what we cover and what you pay. Your cost sharing may differ based on the pharmacy's status as preferred/non-preferred; mail order; long term care; home infusion; 34 or 90-day supplies; and when you enter another phase of the Medicare Part D benefit. For more information on the additional pharmacy specific cost-sharing, the phases of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at <https://medicarerx.navitus.com>.

#### **Yearly Deductible Stage:**

Because this plan does not have a deductible for Part D drugs, this payment stage does not apply to you.

#### **Initial Coverage Stage:**

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your total drug costs reach \$4,020.

Cost Sharing Tiers	Network Pharmacy One-month Supply Retail & Mail Order (1-34 day supply)	Network Pharmacy Extended Day Supply Retail & Mail Order (35-90 day supply)	Applies to Annual Prescription Maximum Out-of-Pocket
Tier 1: Preferred generics and some lower cost brand products	\$15 copayment	\$30 copayment	Yes
Tier 2: Preferred brand products and some higher cost generics	\$50 copayment	\$100 copayment	Yes
Tier 3: Non-preferred products	50% coinsurance	50% coinsurance	No
Cost Sharing Tiers	Preferred Specialty Pharmacy (Up to 34-day supply)	Non-preferred Specialty Pharmacy (Up to 34-day supply)	Applies to Annual Prescription Maximum Out-of-Pocket
Tier 4 Specialty products	\$50 copayment	50% coinsurance	Only if filled at Preferred Specialty Pharmacy

#### **Coverage Gap Stage:**

After your yearly total drug costs reach \$4,020 for Part D drugs, you will pay:

25% of the cost of your drugs.

-OR- Your formulary cost sharing tier amount if lesser.

#### **Catastrophic Coverage Stage:**

After your yearly out-of-pocket drug costs reach \$6,350 for Part D drugs, you pay the greater of:

Either 5% coinsurance **or** a \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.

-OR- Your formulary cost sharing tier amount if lesser.

**Additional Cost Sharing Information**

- Your drug copay or coinsurance may be less, based upon the cost of the drug.
- If you reside in a long-term care facility, you pay the same for a 31-day supply as a one-month supply at a retail pharmacy.
- Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.
- If you and/or your prescriber requests a brand drug when an alternative generic is available (DAW), you will be responsible for the difference between the cost of the brand drug and its generic equivalent (DAW penalty).

**Annual Prescription Maximum Out-of-Pocket**

<b>Individual</b>	<b>Family</b>
\$1,800	\$3,600

- Once the maximum out-of-pocket is reached, you pay \$0 for Tier 1, Tier 2 and Tier 4 drugs (only applies to Tier 4 drugs when filled through the Preferred Specialty Pharmacy).
- Tier 4 drugs which are filled outside of the Preferred Specialty Pharmacy and Tier 3 drugs do not accumulate toward the State Plan's Maximum Out-of-Pocket. You will continue to pay coinsurance on these drugs even after the Maximum Out-of-Pocket is met.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access our Evidence of Coverage online at <https://medicarerx.navitus.com>.

## **Additional Coverage Information**

More detailed plan information is provided in your Evidence of Coverage. You can ask for the Evidence of Coverage, Formulary or Pharmacy Directory by calling Navitus MedicareRx Customer Care, the number is listed on the back cover. You can also access these documents on Navi-Gate® for Members online at <https://medicarerx.navitus.com>.

### **Additional Help for Medicare called “Extra Help”**

Programs are available to help people with low or limited income and resources pay for prescriptions. If you qualify, your Medicare prescription plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you are enrolled in Navitus MedicareRx, Medicare will tell us how much assistance you will be receiving and we will send you information on the amount you will pay for your prescriptions.

If you think you may qualify for Medicare’s “Extra Help” program, call Social Security 1-800-772-1213, between 7 am to 7 pm, Monday through Friday to apply for the program. TTY users should call 1-800-325-0778. You may also be able to apply at your State Medical Assistance or Medicaid Office. If you qualify for extra help, we have included a letter in your packet, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider. For more information on how to get help with drug plan costs, see Chapter 2, section 7 of your Evidence of Coverage.

### **Creditable Drug Coverage**

Creditable drug coverage is as good as Medicare’s standard prescription drug coverage. It’s expected to pay, on average, at least as much as a Medicare Part D plan. A late enrollment penalty is imposed on individuals who do not maintain creditable coverage for any period of 63 days or longer following when first eligible for the Medicare Part D benefit.

### **Income Related Monthly Adjustment Amount (IRMAA)**

If your income is above a certain limit, you will pay an income-related monthly adjustment amount to CMS for your Medicare premium, this is in addition to your plan premium. If your modified adjusted gross income (MAGI) as reported on your IRS tax return is above a certain amount, you will pay an extra amount in addition to your monthly plan premium. This additional amount is called the income-related monthly adjustment amount. Less than 5% of people with Medicare are affected, so most people will not pay a higher premium.

For more information, see Chapter 1, Section 6 of your Evidence of Coverage.

### **Network Pharmacies**

The first step to filling your prescription is deciding on a participating network pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of our plan. There is a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

In the event of an emergency where you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. **Your plan will allow up to a 10-day supply** of medication at an out-of-network pharmacy.

### **Preferred Mail Order Pharmacy**

Our mail order service offers an easy way for you to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted network pharmacy you like, currently the preferred mail order pharmacies are **Costco Mail Order Pharmacy, Ridgeway Mail Order Pharmacy, and miRx Mail Order Pharmacy**. There is a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

Using the preferred mail order pharmacy allows you to have your medications delivered to your home and in some cases at a lower rate than if you purchased at a retail pharmacy.

Note: Costco Mail Order use does not require a Costco Warehouse membership.

### **Preferred Specialty Pharmacy**

You can use any contracted specialty pharmacy you like, however Navitus has contracted with **Lumicera Specialty Pharmacy** to provide the best home-delivery service and rates on specialty drugs. If you use the preferred specialty pharmacy you will only be responsible for a \$50 copayment, versus 50% coinsurance for utilizing a non-preferred pharmacy. There is a complete list of network pharmacies on our website, <https://medicarerx.navitus.com>.

### **Supplemental Coverage**

Supplemental Coverage, also known as Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.

## **General Information**

### **What will I pay for Navitus MedicareRx (PDP) premiums?**

Your coverage is provided through a contract with the State of Montana Health Care & Benefits Division (HCBD). Call HCBD at 1-800-287-8266 or email [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) for information about your 2020 plan premium.

### **Where is Navitus MedicareRx (PDP) available?**

The service area for Navitus MedicareRx includes all 50 states and Puerto Rico. The service area excludes most U.S. Territories, such as the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx. If you reside outside the service area you are not eligible to be enrolled in Navitus MedicareRx.

If you plan to move out of the service area, please contact the State Plan.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5, of your Evidence of Coverage.

### **Who is eligible to join?**

You, your spouse and dependents are eligible to join if you qualify for your plan's Medicare retiree coverage through Navitus Medicare Rx; you are enrolled on Medicare Parts A and B; and you live in the service area. Your premium for Medicare Parts A and B must be paid in order to keep your Medicare Parts A and B coverage and to remain a member of this plan.

### **Where can I get my prescriptions filled?**

Navitus MedicareRx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. Navitus MedicareRx may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for network pharmacies, or request a pharmacy directory by calling Navitus MedicareRx Customer Care, the number is listed on the back cover. You can also access an updated pharmacy directory online at <https://medicarerx.navitus.com>.

### **How do I know which medications Navitus MedicareRx (PDP) covers?**

The Navitus MedicareRx Formulary is a preferred list of drugs selected to meet patient needs. Navitus MedicareRx may periodically make changes to the Formulary. In the event of CMS-approved non-maintenance changes to the Formulary throughout the Plan Year, Navitus MedicareRx will notify you. Additionally, you may visit our website at <https://medicarerx.navitus.com> for a link to the Formulary. To access, click on Members and log in using your User ID and Password. For first time users, please click on Members, and then "Click here for new registration" to register for access.

**Does my plan cover Medicare Part B or Part D drugs?**

Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, although supplemental coverage benefit provided by the State Plan will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the Formulary to confirm coverage). Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Formulary. The drugs on the Formulary are selected by Navitus MedicareRx with the help of a team of doctors and pharmacists. The list must meet specific requirements set by Medicare. Medicare has approved the Navitus MedicareRx Formulary. The supplemental portion of your plan covers some additional drugs that are not part of the standard Medicare Part D formulary.

**What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx will offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. There is no cost to you to participate in the MTM Program. If you have questions concerning our MTM Program please contact our Navitus MedicareRx Customer Care number listed on the back cover. For additional information regarding Medication Therapy Management, please refer to Chapter 3, Section 10, of your Evidence of Coverage.

**What are my protections in the plan?**

All Medicare prescription plans agree to stay in the program for a full year at a time. Each year, the State Plan decides whether to continue for another year. If a plan decides not to continue, they must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription coverage in your area.

If Navitus MedicareRx ever denies coverage for your prescriptions, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.



## Language Assistance – General Taglines

*The State of Montana Benefit Plan is required by federal law to provide the following information.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-270-3877（TTY：711）。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

Wann du Deitsch (Pennsylvania German/Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).

**Non-Discrimination Statement:** The State of Montana Benefit Plan complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. The State of Montana Benefit Plan does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. The State of Montana Benefit Plan provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The State of Montana Benefit Plan provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 866-270-3877.

**Filing a Grievance or Complaint:** If you believe that the State of Montana Benefit Plan has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao  
State Diversity Program Coordinator  
Department of Administration  
State Human Resources Division  
125 N. Roberts  
P.O. Box 200127  
Helena, MT 59620  
Phone: (406) 444-3984  
Email: [jpavao@mt.gov](mailto:jpavao@mt.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019; 800-537-7697 (TDD)

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**Please call Navitus MedicareRx (PDP) for more information about this plan.**

**Navitus MedicareRx (PDP) Customer Care:** Toll-free 1-866-270-3877 or TTY users should call 711, 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day.

Pharmacies can call Navitus MedicareRx 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Navi-Gate® for Members:**

<https://medicarerx.navitus.com>

**Current members:** You may access our website using information on your ID card. To access the web site, click on "Members" and log in using your User ID and Password.

**New members:** Once you receive your ID card, first time users must click on Members and then "Click here for new registration" to register for access.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov).

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